

**REQUEST FOR STATE MATCHING GRANT
FROM DRUG LAW ENFORCEMENT PROGRAM
ADMINISTERED BY THE DEPARTMENT OF FINANCE AND ADMINISTRATION
AUTHORIZED BY ACT 34 of First Extraordinary Session of 2003**

Date: _____ Grant I.D No. _____

State Agency: _____ Business Area No. _____

Funds Center: _____ Fund Code: _____ Cost Center: _____

Effective Date: Beginning _____ Ending: _____

Agency Program Title: _____

New Program _____ Change in Existing Program _____ Continuation of Existing Program _____

| <u>Commitment Item Title</u> | <u>Commitment Item</u> | <u>Amount</u> |
|-----------------------------------|------------------------|---------------|
| Regular Salaries | 501:00:00 | \$ _____ |
| Extra Help | 501:00:01 | _____ |
| Maintenance and General Operation | 502:00:02 | _____ |
| Personal Services Matching | 501:00:03 | _____ |
| Conference Fees and Travel | 505:00:09 | _____ |
| Professional Fees and Services | 506:00:10 | _____ |
| Capital Outlay | 512:00:11 | _____ |
| Data Processing | 509:00:12 | _____ |
| Other (Specify) _____ | _____ | _____ |
| Total | | \$ _____ |

Note: No new positions may be established using this form. Existing unfunded positions or vacant positions may be funded through this program.

Note: This form must be submitted along with a Utilization Report for Miscellaneous Federal Program Appropriation Request(s), if federal appropriation is required to provide for other program appropriation.

Submitted by: State Agency _____ Date: _____

By: _____

By: _____

Approved by: DFA Office of Intergovernmental Services



Submitted to DFA - Accounting Fund Mgr.

By: _____

Approved by: DFA Office of Budget